



CLINICAL PSYCHOLOGY AND LEVELS OF REALITY  
PART I - ESP AS A COMPONENT IN SOME PSYCHIC  
GICAL DISORDERS

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Abstract: Clinical Psychology has not taken into account evidence provided by other areas of research that point to the existence of other levels of reality. Therefore, that which is not perceived through physical senses is often considered as being of a paranormal nature. The authors have observed that in some psychological disorders sometimes there is an ESP factor mingled with the symptoms, and which are only taken into account as a proof of "insanity". Reports made by some patients' and trained sensitive about their perceptions are similar. The difference between them lies in the fact that the former experience their perceptions in a chaotic manner and are overwhelmed by them, while the latter learned to discriminate between ESP and common perceptions, maintaining their psychical integrity.

When in 1882 the Society for Psychical Research of London started making scientific studies of paranormal phenomena, the model of reality conceived was dictated by Newtonian Physics - and in this model there was no place for phenomena which conflicted with its principles.

But the theory of Relativity as well as the developments of Modern Physics shattered this model of a mechanistic and orderly Universe. Today we know that Classic Physics became limited because it only described a certain level of reality - the level that we perceived through our senses. However, it was not adequate to describe phenomena that take place at the sub-atomic level and which are beyond our perception.

For a long time Parapsychology has been studying phenomena which point to other levels of reality. What makes these observations important is that they originate from different areas of research, which, on comparison, form a network of evidence pointing to the existence of other levels of reality.

The nature of reality is questioned both by physicists and psychologists. Einstein commented on this question as follows: "The material world... constitutes the whole world of appearance, but not the whole world of reality; we may think of it as forming a cross section of the world of reality."

turn Psychology has always strived for respectability as a science. For this reason it adopted the parameters of Classic Physics, aiming to attain the same precision and objectivity. However, it did not keep pace with the evolution of Physics and Parapsychology and without questioning more deeply its basic assumptions, it remained within the theoretical model proposed by Classic Physics. This leads us to us that questioning reality has much to do with Clinical Psychology because, as psychotherapists, we deal with human beings and their subjective reality - and this often means that we have to deal with the so called altered states of consciousness. The main aspect of this question is that the expression of the ASC may be adapted to the situation, as we shall see further on.

Our clinical practice and also in our parapsychological research we have noticed that in many cases which could be considered as borderline pathology, there is an ESP factor mingled with the symptoms and the behaviour of the patient. As examples we cite cases of some of our patients that could be included in this category.

Case 1 - We had a patient who complained, amongst other things, that she sometimes felt as if she were floating near the ceiling. Once, in that position, she saw her body sitting on the easy chair in the room of a group of people who had come to visit her. Another patient reported that several times she felt as if she moved out of her body reaching the wall opposite to her bed and that, from there, she could see her own body lying on the bed. It is more than natural experiences of this nature trigger a psychological reaction leading the patient to doubt her sanity.

Psychokinetic phenomena - We have a patient who hears noises and sees movements in the house: crashes in the kitchen, doors that open and close, objects changing place, etc. From the traditional point of view we would say that she is hallucinating. However, due to her knowledge and experience with the phenomenon of poltergeist, she came to the conclusion that she was not hallucinating. Recently, other members of the family have heard and seen the same things, confirming that our reasoning was correct. Psychokinetic phenomena are not uncommon. Not knowing about them, however, may cause the development of psychological problems associated to the stress.

Precognition - We had a patient who had precognitive dreams, connected with the death or accidents with relations or acquaintances. These precognitive dreams led to the development of a great deal of guilt. This sense of guilt was dealt with in psychotherapy making her aware that there was no direct relationship between this type of dream and the death or accidents of the people she knew. She was also made aware of her ESP capacity. In traditional psychotherapy dreams are often regarded as a catharsis of unconscious desires. However, sometimes they may also be a bridge between other levels of reality and ours. Psychotherapists who work with dreams should be well aware of this fact.

Picking up symptoms - We had opportunity of following up cases of people displaying somatic or psychological symptoms, making them seek the help of doctors or psychologists. The treatments, however, were not successful. We came across the same type of phenomenon in our clinical

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What they perceive is not taken into account as it is considered the result of a sick mind. Their perceptions are only taken into account as one more proof of their "insanity". However, clairvoyance as well as clairaudience are often found in sensitive persons, whether they have or do not have ESP. The effect of the influence may be psychopathological, physiological or ironmental. The difference felt between people who have or do not have ESP is that the former can become mentally confused as they feel or hear things that other people do not.

Here again there is a difference not in that which is perceived rather in the experience triggered by the perception. The psychological experiences his perception in a chaotic manner and is overwhelmed by it; the trained sensitive learns to control his ESP; he may have the same perceptions, but maintains his psychical integrity.

patient may feel at the mercy of "supernatural" forces with no ability of controlling them. The fear of being different from others, running the risk of being called "insane" and

There are also innumerable patient reports regarding the perceptions being committed to an *esoteric*, or sensing of what they describe as entities at their side. To *test*, a briefing on such cases it is sufficient to consult a few *psycho* pathology textbooks or to visit some psychiatric institutions *know* sensitive who have gone through this experience but who chat with patients. It is interesting to note that no matter the maladjustment caused by their untrained ESP; they environment or the cultural background from which the patient *granted* to deal with it using it to their own benefit and also that which is perceived has similar characteristics in a *great* of others.

*of* cases, pointing to a universality in the content of what is *perceived*. We believe that this content is universal because it *is* *perceived* by *psychopaths* and *psychopaths* we should be alert to patients' reports, trying with another level of reality which can also be perceived by *psychopaths* without being overconcerned with fitting their symptoms into *established* psychopathological categories. As we get *who* are adapted and possess ESP.

As a working hypothesis, we consider that these entities (seen, know our patients, we become familiar with ...), felt or perceived as "voices") exist in another level of reality, enabling us to understand and solve their problems better. If we detect a particular type of ... it should be our duty to make them aware of it, helping them

understand what is happening. When ESP experiences are no longer felt as a threat, the activation of internal resources during therapy allow the patient to mitigate or overcome resistances, actualizing his tendency towards recovery.

The purpose of this paper is to expand the traditional concept of the individual vs. environment, taking into account the possibility of other levels of reality which can interact with the individual. It is not our intention to substitute today's psychotherapeutic knowledge - but only to add to it another dimension, aiming at a holistic understanding of the patient and his reality, as well as his recovery.

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CLINICAL PSYCHOLOGY AND LEVELS OF REALITY:  
PART II - ESP AS AN AID TO PSYCHOTHERAPY  
IN SOME PSYCHOLOGICAL DISORDERS

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The authors discuss the interactions between other levels of reality and ours in cases involving patients with psychological disorders of various kinds. Trained sensitivities were used in this and often manifested extraneous personalities (named theta agents by the authors), and who were involved with the patients. A tripartite is made of the theta agents observed and their interaction with the patients. Removal of the theta agents by means of this procedure is followed by an improvement in the patients' condition. This approach combined with traditional psychotherapy sets up new possibilities for patients whose prognosis of recovery is remote or dependent on extensive psychotherapy.

#### Introduction

In 1977, at the III International Conference on Psychotronic Research in Tokyo, we presented a paper discussing the possibility of influencing at a distance people with various types of psychological disorders, aiming at relieving or removing the symptoms. After experimenting during three years, we had come to a conclusion that this could be done. However, we also found out that personalities extraneous to the members of the group in some cases manifested themselves, suggesting an interaction between psychological disorders of some patients and the influence of personalities - which we named "theta agents". Also in this work, we described the types of theta agents we came across, as well as the improvements and relapses observed in patients as we interacted with these agents. The subjects selected for our sample did not know that they were being focused by the group, were not undergoing psychotherapy and had been showing certain symptoms for more than a year.

The purpose of this paper is to take up these aspects and extend them based on observations made during the last two years.

#### Working Hypothesis

Observations, as pointed out in our paper "ESP as a Component of Some Psychological Disorders", which is being presented at this conference, led us to consider that there might be another level of reality, unperceived by our senses, but which could interact with the individual. Apparently, besides the classical interaction between individual vs. environment, there could be a third one that we would call "spiritual". "Spiritual" is probably not the best word